IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 092411 PIN# ~~4744-73-6905~~ (Lot) 4639520713.000 DATE Feb 16, 01

OWNER OR CONTRACTOR Crescent Resources Inc / Russ Graham PHONE: Business _____ Home _____

ADDRESS P.O. Box 1103 Charlotte

LOCATION Perth Rd. N. TL Fern Hill Rd. TL Wildwood Cove on Right near lot 26 w/ Creeky Hollow

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 26 LOT AREA 40,135 ft² SITE CLASS. B DESIGN FLOW 460 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 4/11/03

Pump Tank: 1000 Gallons; PT 302 Date 10/3/03

Pump Make: Zoeller Model N140C Serial No. 8/25/03

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 3M - Innovative - 35% Red.

Repair System Description: LP Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

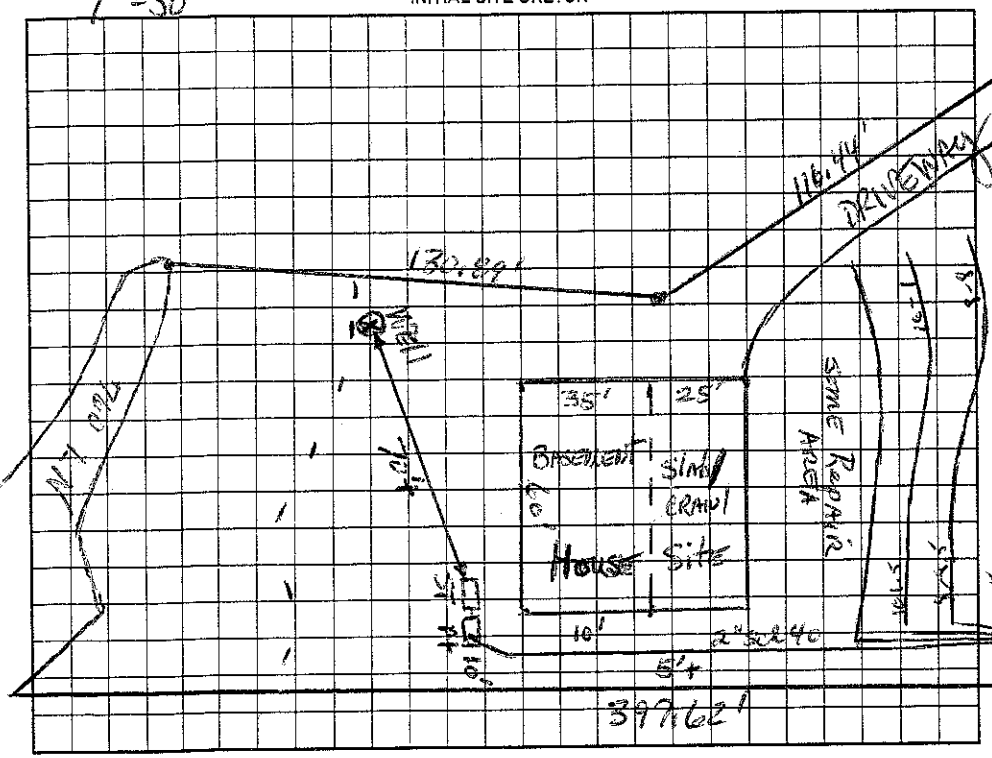
Comments:/Conditions:

Comments:/Conditions: (PARTIAL)

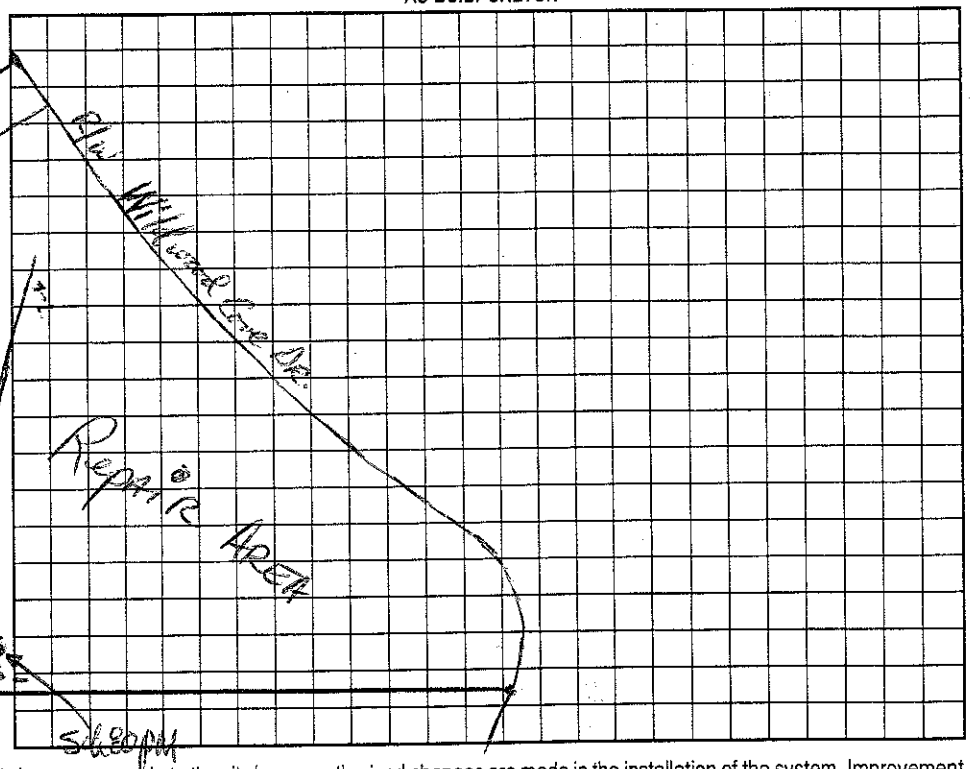
w/filtration installed

12/24/03 Supply line changed to Pressure Rated Sch 40 PVC

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without ~~expiration~~, Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 3-21-01

Improvement Permit by: _____ date 2-16-01

Authorization to Construct by: _____ RS date 6/16/03

Installed by: Rowen Septic Tank

Operation Permit by: _____ RS date 2/16/04

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK